

McKEESPORT AREA  
School District

# School Enrollment Process and Forms



## ENROLLMENT INFORMATION

STUDENT'S LAST NAME \_\_\_\_\_ STUDENT'S FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ RACE \_\_\_\_\_ STUDENT'S BIRTHDATE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ GENDER \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
PPID# \_\_\_\_\_ SCHOOL OF ENROLLMENT \_\_\_\_\_ GRADE \_\_\_\_\_ VOCATIONAL STUDENT \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

## PERSONAL INFORMATION

NAME OF PERSON WITH WHOM STUDENT RESIDES \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
BIOLOGICAL MOTHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ ☐ IF DECEASED  
BIOLOGICAL FATHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ ☐ IF DECEASED  
GUARDIAN'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
IN WHAT COUNTRY WAS YOUR CHILD BORN? \_\_\_\_\_  
WHEN DID HE/SHE BEGIN LIVING IN THE UNITED STATES? \_\_\_\_\_  
IN WHAT STATE WAS YOUR CHILD BORN IN \_\_\_\_\_  
WHEN DID HE/SHE BEGIN LIVING IN PENNSYLVANIA? \_\_\_\_\_  
IS THERE ANY CUSTODY INFORMATION THAT WE SHOULD BE AWARE OF? ☐ YES ☐ NO  
IF YES, PLEASE EXPLAIN? \_\_\_\_\_

PLEASE LIST SIBLINGS BELOW:

| NAME | DATE OF BIRTH | GENDER |
|------|---------------|--------|
|      |               |        |
|      |               |        |
|      |               |        |
|      |               |        |

## EDUCATIONAL INFORMATION

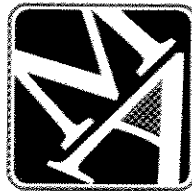
WHAT MONTH AND YEAR DID YOUR CHILD BEGIN KINDERGARTEN? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
WHAT MONTH AND YEAR DID YOUR CHILD BEGIN 9<sup>TH</sup> GRADE? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ NA  
HAS YOUR CHILD EVER ATTENDED THE MCKEESPORT AREA SCHOOL DISTRICT? ☐ YES ☐ NO  
IF YES, WHAT SCHOOL YEAR? \_\_\_\_\_  
HAS YOUR CHILD EVER BEEN RETAINED? ☐ YES ☐ NO  
IF YES, WHAT GRADE AND WHAT SCHOOL? \_\_\_\_\_  
DOES YOUR CHILD CURRENTLY HAVE AN IEP? ☐ YES ☐ NO  
DOES YOUR CHILD CURRENTLY HAVE A GIEP? ☐ YES ☐ NO  
WHAT IS THE PRIMARY SPOKEN LANGUAGE IN THE HOME? \_\_\_\_\_  
IS THERE AN AFFIDAVIT OF TEMPORARY GUARDIANSHIP? ☐ YES ☐ NO  
IS THERE AN AFFIDAVIT OF TEMPORARY RESIDENCY? ☐ YES ☐ NO

PLEASE PROVIDE YOUR CHILD'S SCHOOL HISTORY BELOW:

| MONTH AND YEAR ATTENDED | GRADES | DISTRICT AND BUILDING NAME | REASON FOR LEAVING |
|-------------------------|--------|----------------------------|--------------------|
|                         |        |                            |                    |
|                         |        |                            |                    |
|                         |        |                            |                    |
|                         |        |                            |                    |



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**POLICY SIGNATURE PAGE AND PHOTO RELEASE**

I have received and read the following McKeesport Area School District Regulations & Policies.  
Please place a check mark next to the ones below you have received & read:

- \_\_\_\_\_ Bus Riding Rules and Regulations
- \_\_\_\_\_ Weapon Policy
- \_\_\_\_\_ Sexual Harassment Policy
- \_\_\_\_\_ Electronic Information Networks Individual User Access Informed Consent

Your child's photo may be taken for inclusion in the district publication or in local newspapers or magazine articles or letters relating to school activities.

- \_\_\_\_\_ Yes, I give permission
- \_\_\_\_\_ No, I do not give permission

Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date of Signature \_\_\_\_\_



McKEESPORT AREA  
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**PHYSICAL / DENTAL EXAMINATION FORM**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

The school law of Pennsylvania provides for a periodic health, dental, & hearing examinations of all children who are attending school. Physical examinations are required upon entrance to school and in sixth and eleventh grades. Dental examinations are required in first, third, and seventh grades.

Please check the appropriate answer:

- \_\_\_\_\_ I wish for school personnel to do physical examination.
- \_\_\_\_\_ I wish for my family physician to do the examination.  
(Kindergarten and Grades 6 and 11 and will provide a copy of that examination)
- \_\_\_\_\_ I wish for school personnel to do dental examination.
- \_\_\_\_\_ I wish for my family dentist to do the examination.  
(Grades 1, 3, and 7)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**McKEESPORT AREA**  
School District

***McKeesport Area School District***  
***Home Language Survey\****

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected HOME Language Survey as the method for the identification.

School District: ***McKEESPORT AREA SCHOOL DISTRICT***

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_
2. Does the student speak a language(s) other than English?  
(Do not include languages learned in school.) ☐ Yes ☐ No

If yes, specify the language(s): \_\_\_\_\_

3. What Language(s) is/are spoken in your home? \_\_\_\_\_
4. Has the student attended any United States school in any 3  
years during his/her lifetime? ☐ Yes ☐ No

*If yes, complete the following:*

| Name of School | State | Dates Attended |
|----------------|-------|----------------|
| _____          | _____ | _____          |
| _____          | _____ | _____          |
| _____          | _____ | _____          |

Person completing this form (If other than parent/guardian): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future*



**McKeesport Area School District**  
**McKeesport, PA 15132**

School: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_  
Grade: \_\_\_\_\_ Room No. : \_\_\_\_\_

**HEALTH INFORMATION**

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here \_\_\_\_\_ and she will contact you.

Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:**

\_\_\_\_\_ Cancer \_\_\_\_\_ Kidney/Bladder Disease \_\_\_\_\_ Vision Problems \_\_\_\_\_ ADD  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions/Seizures \_\_\_\_\_ Hearing Problems \_\_\_\_\_ ADHD  
\_\_\_\_\_ Heart Disease \_\_\_\_\_ Orthopedic/Bone \_\_\_\_\_ Social/Emotional/Behavioral Concerns  
\_\_\_\_\_ Autism \_\_\_\_\_ Bowel Concerns \_\_\_\_\_ In Counseling

\_\_\_\_\_ Allergy To: \_\_\_\_\_ Severe: \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Asthma – Provoked by: \_\_\_\_\_ Severe: \_\_\_ Yes \_\_\_ No

Has above condition been diagnosed by a medical doctor? \_\_\_ Yes \_\_\_ No

If yes, what is the doctor's name? \_\_\_\_\_

May we obtain this information? \_\_\_ Yes \_\_\_ No Signature for release of information: \_\_\_\_\_

What does the child do to manage their own condition?

\_\_\_\_\_  
\_\_\_\_\_

How can the teacher help with this at School?

\_\_\_\_\_  
\_\_\_\_\_

What symptoms should we report to you? \_\_\_\_\_

Takes Medication Daily at \_\_\_\_\_ Home \_\_\_\_\_ School

Medication is: \_\_\_\_\_

Taken for: \_\_\_\_\_

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD (CHAPTER 195-182). YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e. limitations in activities, etc.).

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

|            |    |               |     |               |     |             |     |
|------------|----|---------------|-----|---------------|-----|-------------|-----|
| ALERT FLAG | 78 | Health Code 1 | 125 | Health Code 1 | 125 | Health Code | 125 |
|------------|----|---------------|-----|---------------|-----|-------------|-----|



*Article XIII- A of Act 26 of 1995 of the Public School Code-Prior to a student's admission to any school entity, the parent/guardian or other person having control of the student must provide a sworn statement indicating whether the student was previously suspended or expelled from any school for any act regarding weapons, alcohol or drugs, or for violence to persons or property.*

### STATEMENT FOR PARENTS

**SWORN STATEMENT OF PREVIOUS SESPENSION OR EXPULSION FOR ADMISSION OF**

Whom I/We desire to register with and attend classes in the *McKeesport Area School District*, hereby swear/affirm that the pupil \_\_\_\_\_ was \_\_\_\_\_ was not previously suspended or expelled from any public or private school of the commonwealth of Pennsylvania or of any other state for an act or offense involving weapons, alcohol or drugs, or for an offense involving the willful infliction of injury to another person or for any act of violence committed on school property.

E.O.E.



**McKEESPORT AREA**  
School District

**RELEASE OF RECORDS CONSENT FORM**

Former School/Agency Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Records are being requested for:**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please send the following school records:

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Records/Report Cards   | <input type="checkbox"/> Current Class Schedule  |
| <input type="checkbox"/> Immunization and Health Records | <input type="checkbox"/> Transcripts             |
| <input type="checkbox"/> Permanent Record Card           | <input type="checkbox"/> Date of Last Attendance |
| <input type="checkbox"/> Achievement Test Results        | <input type="checkbox"/> Other: _____            |

If this student was in any Special Education, Speech or Gifted Programs, please send the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Permission to Evaluate                 | <input type="checkbox"/> Intent to Reevaluate        |
| <input type="checkbox"/> Comprehensive Evaluation Reports       | <input type="checkbox"/> Psychological Reports       |
| <input type="checkbox"/> IEP (Individualized Education Program) | <input type="checkbox"/> Psychiatric Reports         |
| <input type="checkbox"/> Notice of Recommended Assignment       | <input type="checkbox"/> Speech and Language Records |
| <input type="checkbox"/> Hearing Records                        | <input type="checkbox"/> Vision Records              |
| <input type="checkbox"/> Other: _____                           | <input type="checkbox"/> Other: _____                |

**Mail/Fax Records to the following:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b><u>McKeesport Area High School</u></b><br>Grades 9-12<br>1960 Eden Park Boulevard<br>McKeesport, PA 15132<br>Office: (412) 664-3650<br>Fax: (412) 664-3621 | <input type="checkbox"/> <b><u>Founders' Hall</u></b><br>Grades 7-8<br>3600 O'Neil Boulevard<br>McKeesport, PA 15132<br>Office: (412) 664-3690<br>Fax: (412) 664-3768                  | <input type="checkbox"/> <b><u>Francis McClure Intermediate School</u></b><br>Grades 4-6<br>500 Longvue Drive<br>White Oak, PA 15131<br>Office: (412) 664-3740<br>Fax: (412) 664-3747 |
| <input type="checkbox"/> <b><u>Centennial Elementary School</u></b><br>Grades K-4<br>1601 Beaver Street<br>McKeesport, PA 15132<br>Office: (412) 664-3750<br>Fax: (412) 664-3756       | <input type="checkbox"/> <b><u>George Washington Elementary School</u></b><br>Grades K-3<br>1818 Sumac Street<br>McKeesport, PA 15132<br>Office: (412) 664-3770<br>Fax: (412) 664-3777 | <input type="checkbox"/> <b><u>White Oak Elementary School</u></b><br>Grades K-4<br>1415 California Avenue<br>White Oak, PA 15131<br>Office: (412) 664-3790<br>Fax: (412) 664-3794    |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

According to the Final Regulation-Family Rights and Privacy Act (Buckley Amendment) dated June 16, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll may receive a student's records without written consent for such release.